

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY  
 Check if different than previously reported. (ACC)  
PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** C00255752  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 04 19 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1495220.03
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1563298.44									
(c) Total Receipts (from Line 19) .....	83588.34	259872.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1646886.78	1755092.90								
7. Total Disbursements (from Line 31) .....	68311.31	176517.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1578575.47	1578575.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	66767.00	203188.00
(ii) Unitemized .....	16807.00	56643.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	83574.00	259831.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	83574.00	259831.01
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.34	41.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	83588.34	259872.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	83588.34	259872.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61510.00	166010.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	6801.31	10507.43
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68311.31	176517.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68311.31	176517.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	83574.00	259831.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83574.00	259831.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) PETER ALLEN		Date of Receipt
	Mailing Address P.O. BOX 496		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2010
	City	State	Zip Code
	ROSS	CA	94957
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84850
Name of Employer ACM		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) GINA AMELIO		Date of Receipt
	Mailing Address 929 ENRIQUE REBSAMEN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 18 / 2010
	City	State	Zip Code
	MEXICO CITY	ZZ	03100
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84877
Name of Employer		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> -300.00

FOREIGN CONTRIB REFUND

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN JEFFREY ANDREWS		Date of Receipt
	Mailing Address 7703 FLOYD CURL DR MAIL STOP 7838		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2010
	City	State	Zip Code
	SAN ANTONIO	TX	78229
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84238
Name of Employer U.TX HLTH SCI CTR ANES DE-PT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 800.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES ANTON		Date of Receipt
	Mailing Address 2302 PARADISE CANYON DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 02 / 2010
	City	State	Zip Code
	PEARLAND	TX	77584
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84227
Name of Employer BAYLOR COLLEGE OF MEDICINE DEPT. OF CA		Occupation CARDIOTHORACIC ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) GYORGY ARGYELAN		Date of Receipt
	Mailing Address 2629 BAY SHORE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	SEABROOK	TX	77586
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84462
Name of Employer BAYSHORE ANESTHESIA GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT ASCANIO		Date of Receipt
	Mailing Address 98 STARBIRD RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2010
	City	State	Zip Code
	PORTLAND	ME	04102
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84690
Name of Employer SPECTRUM MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) GEORGE ASH		Date of Receipt	
	Mailing Address P.O. BOX 8305		M M / D D / Y Y Y Y Y 03 / 12 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84486
	GADSDEN	AL	35902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
	Name of Employer ANESTHESIA ASSOC.		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) DAUD AZIZI		Date of Receipt	
	Mailing Address 840 TULLIS RD.		M M / D D / Y Y Y Y Y 03 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84733
	LAWRENCEVILLE	GA	30043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
	Name of Employer GWINNETT ANES SERV		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT BAIRD		Date of Receipt	
	Mailing Address 5208 VARCO RD NE		M M / D D / Y Y Y Y Y 03 / 12 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84547
	TACOMA	WA	98422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
	Name of Employer TACOMA ANES ASSOC		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ARNA BANERJEE	Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2010
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL 1211 21ST AVENUE SOUTH SUITE 52	<b>Transaction ID:</b> SA11AI.84117
	City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2010
	Mailing Address 601 NE 36TH ST APT 3407	<b>Transaction ID:</b> SA11AI.84098
	City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF MIAMI PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CAROLYN BANNISTER	Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2010
	Mailing Address 5102 CHASTLETON DRIVE	<b>Transaction ID:</b> SA11AI.84103
	City State Zip Code STONE MOUNTAIN GA 30087	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EMORY UNIVERSITY SCHOOL OF MEDICINE MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES BARATTA	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 19 THISTLE LN.	<b>Transaction ID:</b> SA11AI.84726
	City State Zip Code WARREN NJ 07059	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EDISON ANES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM BECK	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 1833 TUSCANY AVE.	<b>Transaction ID:</b> SA11AI.84564
	City State Zip Code SPRINGDALE AR 72764	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHWEST ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DANIELLE BELMORE	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 6632 WHISPERING WOODS CT	<b>Transaction ID:</b> SA11AI.84863
	City State Zip Code PLANO TX 75024	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PINNACLE ANESTHESIA CONSU- LTANTS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
AUDREE BENDO

Mailing Address 14315 NEPONSIT AVE

City State Zip Code  
ROCKAWAY PARK NY 11694

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUNY DOWNSTATE MED CTR PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

Transaction ID: SA11AI.84744

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
ARTHUR BERGH

Mailing Address 3300 GALLOWS RD., ANES. DEPT.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FAIRFAX ANES. ASSOC. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84173

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL BERRIGAN

Mailing Address 900 23RD ST NW, SUITE G-2092  
DEPARTMENT OF ANESTHESIOLOGY

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GEORGE WASHINGTON UNIVERS-  
ITY MEDICAL C PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

Transaction ID: SA11AI.84657

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL BIGELOW	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 334 W. BLITHEDALE AVE.	<b>Transaction ID:</b> SA11AI.84438
	City State Zip Code MILL VALLEY CA 94941	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 5014 ASCOT PARKWAY	<b>Transaction ID:</b> SA11AI.84106
	City State Zip Code TEMPLE TX 76502	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SCOTT WHITE MEMORIAL HOSPITAL ANES. D ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 2000 SPRUCE DR	<b>Transaction ID:</b> SA11AI.84166
	City State Zip Code LAFAYETTE IN 47905	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIOLOGY ASSOCIATES, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	708.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
KEVIN BORDERS

Mailing Address 1521 RAINBOW DR

City State Zip Code  
GADSDEN AL 35901

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84489

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City State Zip Code  
OWENS CROSS ROADS AL 35763

FEC ID number of contributing federal political committee. **C**

Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84158

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
ARTHUR BOYKIN

Mailing Address 4400 SKYVIEW DR

City State Zip Code  
SOUTHSIDE AL 35907

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA ASSOCIATES, P.-A. Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84482

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2583.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MARK BRADY

Mailing Address 9403 W. 146TH PL.

City OVERLAND PARK State KS Zip Code 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer: MIDWEST ANESTHESIA ASSOCIATES  
Occupation: ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 03 / 01 / 2010  
Transaction ID: SA11AI.84155  
Amount of Each Receipt this Period: 83.00

**B.**

Full Name (Last, First, Middle Initial)  
GENE BRENOWITZ

Mailing Address 4510 W. SHERIDAN ST.

City SEATTLE State WA Zip Code 98199

FEC ID number of contributing federal political committee. **C**

Name of Employer: SELF-EMPLOYED  
Occupation: ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 12 / 2010  
Transaction ID: SA11AI.84379  
Amount of Each Receipt this Period: 400.00

**C.**

Full Name (Last, First, Middle Initial)  
BRAD BROCK

Mailing Address 2500 HARVARD AVE.

City MIDLAND State TX Zip Code 79701

FEC ID number of contributing federal political committee. **C**

Name of Employer: ANES GRP PER BASIN  
Occupation: ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: SA11AI.84764  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **733.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) KEVIN BUCOL	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 12615 TOWN & COUNTRY ESTATES LN.	<b>Transaction ID:</b> SA11AI.84552
	City State Zip Code ST. LOUIS MO 63141	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer WCCA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KATHRYN BUCSHON	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 10211 LINCOLN AVE.	<b>Transaction ID:</b> SA11AI.84753
	City State Zip Code NEWBURGH IN 47630	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer DEACONESS HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) TIMOTHY BURKE	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 3655 BORDER CREEK COURT	<b>Transaction ID:</b> SA11AI.84581
	City State Zip Code DENVER NC 28037	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIZABETH BUSSARD	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 127 OLD YORK RD.	<b>Transaction ID:</b> SA11AI.84740
	City RINGOES State NJ Zip Code 08551	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD BYRD	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 2656 SUNDAY GRACE DR.	<b>Transaction ID:</b> SA11AI.84470
	City HENDERSON State NV Zip Code 89052	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES CARLIN	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 7826 E TORIN ST	<b>Transaction ID:</b> SA11AI.84359
	City LONG BEACH State CA Zip Code 90808	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SO CA PERM MED GRP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL CARLSON		Date of Receipt
	Mailing Address 4763 OCEAN DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 12 / 2010
	City	State	Zip Code
	CORPUS CHRISTI	TX	78412
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84527
Name of Employer GULF SHORE ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) KAREN CARLSON		Date of Receipt
	Mailing Address 1301 TWELVE OAKS CIR NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 12 / 2010
	City	State	Zip Code
	ATLANTA	GA	30327
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84513
Name of Employer EMORY HEALTHCARE AMBULATORY SURGERY &		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) KEITH CARTER		Date of Receipt
	Mailing Address 2417 E NORTHSIDE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 25 / 2010
	City	State	Zip Code
	JACKSON	MS	39211
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84810
Name of Employer JACKSON ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NORMAN CARVALHO

Mailing Address 1615 NW 27TH TER

City State Zip Code  
GAINESVILLE FL 32605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNIVERSITY OF FLORIDA ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84502

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
ANTONIO CASSARA

Mailing Address 1236 MURRAY HILL AVE.

City State Zip Code  
PITTSBURGH PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UPMC CHILDRENS RESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84125

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY CECCHINI

Mailing Address 3300 BROOKSIDE DR

City State Zip Code  
DOTHAN AL 36303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DOTHAN ANESTHESIOLOGY ASSOCIATES P.C. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2010

Transaction ID: SA11AI.84274

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) HENRY COLA		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 16891 MARINA BAY DR		Transaction ID: SA11AI.84435		
	City HUNTINGTON BEACH	State CA	Zip Code 92649	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) LISA CORSTVET		Date of Receipt MM / DD / YYYY 03 / 24 / 2010		
	Mailing Address 2400 HIGHLANDS LANDING		Transaction ID: SA11AI.84724		
	City EDMOND	State OK	Zip Code 73013	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK D'AGOSTINO		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 8714 WOOLWORTH AVE		Transaction ID: SA11AI.84291		
	City OMAHA	State NE	Zip Code 68124	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA WEST, PC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT DADO	Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 8919 ITASCA TRAIL NORTH	<b>Transaction ID:</b> SA11AI.84818
	City State Zip Code STILLWATER MN 55082	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MIDWEST ANESTHESIOLOGISTS, P.A. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GLENN DEBOER	Date of Receipt MM / DD / YYYY 03 / 14 / 2010
	Mailing Address 9500 EUCLID AVE P-21, PEDIATRIC ANESTHESIA	<b>Transaction ID:</b> SA11AI.84602
	City State Zip Code CLEVELAND OH 44195	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARIA DE CASTRO	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 1616 N ORANGE GROVE AVE	<b>Transaction ID:</b> SA11AI.84748
	City State Zip Code LOS ANGELES CA 90046	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
P. CRAIG DENNEN

Mailing Address 21 ORCHARD LN.

City State Zip Code  
SIMSBURY CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer  
WOODLAND ANESTHESIOLOGY ASSOC., PC

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

**Transaction ID:** SA11AI.84474

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID DESERTSPRING

Mailing Address 5506 RAY NASH DR NW

City State Zip Code  
GIG HARBOR WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

**Transaction ID:** SA11AI.84653

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES DIAL

Mailing Address PO BOX 8305

City State Zip Code  
GADSDEN AL 35902

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ANESTHESIA ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

**Transaction ID:** SA11AI.84487

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ		Date of Receipt
	Mailing Address 7915 SW 55 AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 01 / 2010
	City	State	Zip Code
	MIAMI	FL	33143
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84186
Name of Employer UNIVERSITY OF MIAMI MEDICAL GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ALICE DIJAMCO		Date of Receipt
	Mailing Address 760 WOOD DUCK CT., N.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	ATLANTA	GA	30327
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84673
Name of Employer ANESTHESIA DEPT. OF ST. JOSEPHS HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN DRYDEN		Date of Receipt
	Mailing Address 8820 MUD CREEK RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	INDIANAPOLIS	IN	46256
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84521
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 583.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
BURDETT DUNBAR

Mailing Address 6621 FANNIN ST

City HOUSTON State TX Zip Code 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYLOR COLL OF MED Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2010  
Transaction ID: SA11AI.84401  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
KENNETH ELMASSIAN

Mailing Address 2399 PINE HOLLOW DR.

City EAST LANSING State MI Zip Code 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer INGHAM REGIONAL MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 03 / 01 / 2010  
Transaction ID: SA11AI.84133  
Amount of Each Receipt this Period: 83.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN EYLER

Mailing Address 10152 SW WINDWOOD WAY

City PORTLAND State OR Zip Code 97225

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: SA11AI.84761  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 583.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
GEORGE FANT

Mailing Address P.O. BOX 8305

City State Zip Code  
GADSDEN AL 35902

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84493

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
SCOTT FIELDEN

Mailing Address 3010 W CHARLESTON BLVD STE 150

City State Zip Code  
LAS VEGAS NV 89102

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC. CREDE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84160

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR

City State Zip Code  
FALMOUTH ME 04105

FEC ID number of contributing federal political committee. **C**

Name of Employer SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84132

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **666.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) WILLIAM FRAME		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
Mailing Address 2300 N EDWARD ST DEPT. OF ANESTHESIA		Transaction ID: SA11AI.84144
City DECATUR	State IL	Zip Code 62526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF DECATUR	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

**B.**

Full Name (Last, First, Middle Initial) HOWARD FRIEDMAN		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address P.O. BOX 8305		Transaction ID: SA11AI.84480
City GADSDEN	State AL	Zip Code 35902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) JEFFERY FUQUA		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
Mailing Address 12419 MALLARD BAY DR.		Transaction ID: SA11AI.84169
City KNOXVILLE	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	749.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD GALLO		Date of Receipt
	Mailing Address P.O. BOX 8305		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	GADSDEN	AL	35999
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84492
Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVEN GERSCHULTZ		Date of Receipt
	Mailing Address 3602 COURTSIDE CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92649
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84432
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) LAWRENCE GIBBONS		Date of Receipt
	Mailing Address 42 CROMWELL DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2010
	City	State	Zip Code
	PORTSMOUTH	RI	02871
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84646
Name of Employer ANESTHESIA ASSOCIATES OF MASS.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JACK GILDAR		Date of Receipt
	Mailing Address 13720 N. 85TH PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2010
	City	State	Zip Code
	SCOTTSDALE	AZ	85260
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84233
Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY GLADSTEIN		Date of Receipt
	Mailing Address 4664 MEADOW BLUFF LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	SUWANEE	GA	30024
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84333
Name of Employer GWINNETT ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MA EVELYN GONZALEZ-ABOLA		Date of Receipt
	Mailing Address 410 VALLEYVIEW DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 28 / 2010
	City	State	Zip Code
	JEFFERSON HILLS	PA	15025
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84828
Name of Employer UPP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) TRACY GORDON	Date of Receipt MM / DD / YYYY 03 / 21 / 2010
	Mailing Address 11600 SIGNAL AVE. N.E.	<b>Transaction ID:</b> SA11AI.84674
	City State Zip Code ALBUQUERQUE NM 87122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTRA PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MORTON GREEN	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 411 MCLAREN LANE	<b>Transaction ID:</b> SA11AI.84545
	City State Zip Code CARMEL IN 46032	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer INDIANA UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) PHILIP GREIDER	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 7428 MULHOLLAND DR	<b>Transaction ID:</b> SA11AI.84754
	City State Zip Code LOS ANGELES CA 90046	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW GUIDRY

Mailing Address 220 BRIGHTON RD. NE

City ATLANTA State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C**

Name of Employer  
PHYSICIAN SPECIALISTS IN ANESTHESIA

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

Transaction ID: SA11AI.84694

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
AARON HAMMOND

Mailing Address 3390 N. CAMPBELL AVE., STE. 110

City TUCSON State AZ Zip Code 85719

FEC ID number of contributing federal political committee. **C**

Name of Employer  
SOUTHERN ARIZONA ANESTHESIA

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84203

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
BRIAN HARRINGTON

Mailing Address PO BOX 1837

City BILLINGS State MT Zip Code 59103

FEC ID number of contributing federal political committee. **C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84505

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1083.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARY HARRIS

Mailing Address 10030 RUSTLELEAF

City State Zip Code  
DALLAS TX 75238

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: SA11AI.84510

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCIS HAYES

Mailing Address 150 RIVER BROW DRIVE

City State Zip Code  
GADSDEN AL 35901

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: SA11AI.84484

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
KATHERINE HEGE

Mailing Address 320 E. HICKORY RIDGE CIR.

City State Zip Code  
ARGYLE TX 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer PINNACLE ANESTHESIA CONSU-LTANTS Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2010

Transaction ID: SA11AI.84683

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) AMBER HENDERSON	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 640 EATON PL.	<b>Transaction ID:</b> SA11AI.84346
	City ATLANTA State GA Zip Code 30350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CHILDRENS ANES SERV Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT HENDERSON	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 325 BLANDFORD DR	<b>Transaction ID:</b> SA11AI.84245
	City WORTHINGTON State OH Zip Code 43085	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MIDWEST PHYSICIAN ANESTHESIA SERVICE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) PETER HENDRICKS	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1590 PANORAMA DR	<b>Transaction ID:</b> SA11AI.84129
	City BIRMINGHAM State AL Zip Code 35216	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ANDREW HERLICH		Date of Receipt
	Mailing Address 116 HAVERFORD CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 01 / 2010
	City	State	Zip Code
	PITTSBURGH	PA	15228
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84142
Name of Employer UPMC MERCY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) W. ROYCE HODGES		Date of Receipt
	Mailing Address 3 REGATTA CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	RIDGELEY	WV	26753
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84386
Name of Employer CUMBERLAND ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) GLEN HOLLEY		Date of Receipt
	Mailing Address 2104 PENINSULA DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	FLOWER MOUND	TX	75022
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84434
Name of Employer PINNACLE PART IN MED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 733.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) SUNG JAE HONG	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 4 HIGBIE CT.	<b>Transaction ID:</b> SA11AI.84230
	City State Zip Code GROSSE POINTE FARM MI 48236	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST. JOHN ANESTHESIOLOGISTS P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LARRY HOPKINS	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 16353 VALHALLA DRIVE	<b>Transaction ID:</b> SA11AI.84411
	City State Zip Code NOBLESVILLE IN 46060	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES CONSULTANTS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANTHONY IARUSSI	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 1438 DYER AVE	<b>Transaction ID:</b> SA11AI.84589
	City State Zip Code CINCINNATI OH 45230	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA GROUP PRACTICE BETHESDA NOR ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ALIRAZA JAFFER

Mailing Address 5070 BROOKDALE ROAD

City State Zip Code  
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOUTH OAKLAND ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.84123

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
WENDY KAISER

Mailing Address 99 WALNUT ST., #403

City State Zip Code  
CHATTANOOGA TN 37403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANESTHESIOLOGISTS ASSOCIATED ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.84214

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
TRIPTI KATARIA

Mailing Address 130 S CANAL ST APT 419

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNIVERSITY OF CHICAGO PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.84111

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **416.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address MAIL CODE 7838 7703 FLOYD CURL DRIVE	<b>Transaction ID:</b> SA11AI.84137
	City State Zip Code SAN ANTONIO TX 78229	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UTHSCSA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RANDALL KERR	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address PO BOX 1177	<b>Transaction ID:</b> SA11AI.84616
	City State Zip Code PLACERVILLE CA 95667	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer EL DORADO ANESTHESIA MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RUBIN KESNER	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 35 HEARTHSTONE DRIVE	<b>Transaction ID:</b> SA11AI.84204
	City State Zip Code GANSEVOORT NY 12831	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ANESTHESIA GROUP OF ALBANY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>708.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ELLIOTT KLAIN

Mailing Address 2931 N. TENAYA WAY, SUITE #102

City State Zip Code  
LAS VEGAS NV 89128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUMMIT ANES. CONSULTANTS ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** SA11AI.84769

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
KEVIN KLEINHOMER

Mailing Address 1919 W 12 MILE RD

City State Zip Code  
ROYAL OAK MI 48073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NORTHLAND ANES ASSOC ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** SA11AI.84749

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER KNOP

Mailing Address 373 1ST ST W

City State Zip Code  
TIERRA VERDE FL 33715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLORIDA GULF TO BAY ANES. ASSOC. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** SA11AI.84399

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT KOGAN		Date of Receipt
	Mailing Address 2106 ARI LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 25 / 2010
	City	State	Zip Code
	LOS ANGELES	CA	90049
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84798
Name of Employer RLK ANESTHESIA, INC.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY		Date of Receipt
	Mailing Address 2248 SHAWNEE S.E.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2010
	City	State	Zip Code
	GRAND RAPIDS	MI	49506
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84099
Name of Employer ANESTHESIA MEDICAL CONSULTANTS PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

<b>C.</b>	Full Name (Last, First, Middle Initial) HUNG-CHI KWOK		Date of Receipt
	Mailing Address 2732 MUIR WOODS DR., SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 22 / 2010
	City	State	Zip Code
	HAMPTON COVE	AL	35763
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84679
Name of Employer ALABAMA ANES. OF HUNTSVILLE, LLC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 483.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ELLIS LAI		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 21410 GRANT AVENUE		Transaction ID: SA11AI.84517		
	City TORRANCE	State CA	Zip Code 90503	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GEN ANES SPEC	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL LALICH		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 1501 S. LAKE GEORGE DR.		Transaction ID: SA11AI.84365		
	City MISHAWAKA	State IN	Zip Code 46545	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ST. JOSEPH VALLEY ANES	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) ALICE LANDRUM		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 1121 S HICKORY GROVE SCHOOL RD		Transaction ID: SA11AI.84382		
	City ROCHEPORT	State MO	Zip Code 65279	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF MISSOURI	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) PATRICK LAU	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 4345 W BRYN MAWR AVE	<b>Transaction ID:</b> SA11AI.84235
	City State Zip Code CHICAGO IL 60646	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CINDY LELAND	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 4901 KNOLLWOOD CT	<b>Transaction ID:</b> SA11AI.84773
	City State Zip Code VALPARAISO IN 46383	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PORTER CTY ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL LESS	Date of Receipt MM / DD / YYYY 03 / 06 / 2010
	Mailing Address 15W316 60TH ST.	<b>Transaction ID:</b> SA11AI.84250
	City State Zip Code BURR RIDGE IL 60527	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ELMHURST ANESTHESIOLOGISTS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGORY LILLY		Date of Receipt MM / DD / YYYY 03 / 24 / 2010		
	Mailing Address 715 SENTRY HILL		Transaction ID: SA11AI.84747		
	City SAN ANTONIO	State TX	Zip Code 78258	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) ASA LOCKHART		Date of Receipt MM / DD / YYYY 03 / 01 / 2010		
	Mailing Address 2106 KENNEBUNK LN.		Transaction ID: SA11AI.84183		
	City TYLER	State TX	Zip Code 75703	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer EAST TEXAS ANESTHESIOLOGY ASSOCIATES	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES LONERGAN		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 4400 WORNALL RD		Transaction ID: SA11AI.84578		
	City KANSAS CITY	State MO	Zip Code 64111	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MIDAMERICA HEART INST. CT ANESTHESIA	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	833.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JULIET MAILLET		Date of Receipt
	Mailing Address 7700 TIMBER HILL DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	INDIANAPOLIS	IN	46217
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84599
Name of Employer SOUTHEAST ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK MANDABACH		Date of Receipt
	Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BIRMINGHAM	AL	35249
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84101
Name of Employer UNIV. OF ALABAMA - BIRMINGHAM		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JULIUS MAPALAD		Date of Receipt
	Mailing Address 450 E 96TH ST STE 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	INDIANAPOLIS	IN	46240
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84821
Name of Employer COMMUNITY ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1333.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGORY MARCOE	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 4087 OLD PINE TRAIL	<b>Transaction ID:</b> SA11AI.84300
	City State Zip Code MIDLAND MI 48642	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MIDMICHIGAN ANESTHESIOLOGY GROUP P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KURT MARKGRAF	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 3663 MCKINLEY AVE	<b>Transaction ID:</b> SA11AI.84145
	City State Zip Code FORT MYERS FL 33901	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDICAL ANESTHESIA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN MARTY	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 146 PEG SHOP RD.	<b>Transaction ID:</b> SA11AI.84478
	City State Zip Code KEENE NH 03431	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHESHIRE ANES ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	583.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) LENA MAYES		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 2432 HYANNIS LN		Transaction ID: SA11AI.84367		
	City CROFTON	State MD	Zip Code 21114	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AIR FORCE	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) STACEY MCCLARTY		Date of Receipt MM / DD / YYYY 03 / 01 / 2010		
	Mailing Address 8505 RAMBLING ROSE DR		Transaction ID: SA11AI.84172		
	City OOLTEWAH	State TN	Zip Code 37363	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOLOG	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 249.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN MCCONNELL		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 24233 S.E. 106TH PL.		Transaction ID: SA11AI.84349		
	City ISSAQUAH	State WA	Zip Code 98027	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MAO	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1083.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL MCCUTCHON	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 203 JACKSON PL.	<b>Transaction ID:</b> SA11AI.84460
	City State Zip Code CORPUS CHRISTI TX 78411	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GULFSHORE ANES ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAWN MCGINNIS	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 3007 E. SQUAW PEAK CIRCLE	<b>Transaction ID:</b> SA11AI.84543
	City State Zip Code PHOENIX AZ 85016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PARK CENTRAL ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DONALD MCMILLAN	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address P.O. BOX 372452	<b>Transaction ID:</b> SA11AI.84523
	City State Zip Code SATELLITE BEACH FL 32937	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CENTRAL BREVARD ANES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) JOHN MELTON		Date of Receipt MM / DD / YYYY 03 / 11 / 2010
Mailing Address 3324 KING EDWARDS CT		<b>Transaction ID:</b> SA11AI.84310
City EUGENE	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SACRED HEART MEDICAL CENTER ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) BRIAN MILLS		Date of Receipt MM / DD / YYYY 03 / 28 / 2010
Mailing Address 4105 W. 123RD ST.		<b>Transaction ID:</b> SA11AI.84832
City LEAWOOD	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SHAWNEE MISSION HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
Mailing Address 2400 WIMBLEDON DR		<b>Transaction ID:</b> SA11AI.84134
City LAS VEGAS	State NV	Zip Code 89107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	583.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) BETH MINZTER		Date of Receipt	
	Mailing Address 22655 CHAGRIN BLVD APT 411		M M / D D / Y Y Y Y Y 03 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84628
	BEACHWOOD	OH	44122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer CCF		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ALAN MIZUTANI		Date of Receipt	
	Mailing Address P.O. BOX 3396		M M / D D / Y Y Y Y Y 03 / 12 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84353
	ANAHEIM	CA	92803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt	
	Mailing Address 1748 VESTWOOD HILLS DR.		M M / D D / Y Y Y Y Y 03 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84104
	VESTAVIA HILLS	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		125.00	
Name of Employer UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	875.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MARIO MORENAS

Mailing Address 21491 N. 4028 DR.

City State Zip Code  
BARTLESVILLE OK 74006

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84540

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
SHAILESH MORI

Mailing Address 6776 ST MORITZ PKWY

City State Zip Code  
COLLEYVILLE TX 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer PINNACLE ANESTHESIA CONSU-LTANTS Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: SA11AI.84684

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City State Zip Code  
SPRINGFIELD VT 05156

FEC ID number of contributing federal political committee. **C**

Name of Employer V A MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84130

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT MURRAY III	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 19 ELM PARK BLVD.	<b>Transaction ID:</b> SA11AI.84105
	City State Zip Code PLEASANT RIDGE MI 48069	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH OAKLAND ANESTHESIA ASSOC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PAMELA NEWMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3340 SW 187TH TERRACE	<b>Transaction ID:</b> SA11AI.84868
	City State Zip Code MIRAMAR FL 33029	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SHERIDAN MEDICAL DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL NICHOLS	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1090 DEVINE CIRCLE	<b>Transaction ID:</b> SA11AI.84112
	City State Zip Code ATLANTA GA 30319	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NOVA SOUTHEASTERN UNIVERSITY ANESTHESIA ANESTHESIOLOGIST ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ANDREW NYCHKA  
Mailing Address 10 NICHOLS RD.  
City ARMONK State NY Zip Code 10504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: SA11AI.84446  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
PHILIP OWEN  
Mailing Address 5130 HUNTERS CHASE RD.  
City LAS CRUCES State NM Zip Code 88011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MESILLA VALLEY ANES Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: SA11AI.84338  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN PARKER  
Mailing Address 15485 GLACIER HIGHWAY  
City JUNEAU State AK Zip Code 99801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: SA11AI.84553  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt
	Mailing Address 1211 21ST AVE S MEDICAL ARTS BUILDING SUITE 526		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2010
	City	State	Zip Code
	NASHVILLE	TN	37212
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84108
Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 125.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ANDREW PATE		Date of Receipt
	Mailing Address 2059 SKYHAWK CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 12 / 2010
	City	State	Zip Code
	MOUNT PLEASANT	SC	29466
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84387
Name of Employer CHARLESTON ANES GRP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MATTHEW PEECHER		Date of Receipt
	Mailing Address 518 CHATSWORTH CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2010
	City	State	Zip Code
	SPRINGFIELD	IL	62711
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84591
Name of Employer ASSOCIATED ANESTHESIOLOGISTS OF SPRING		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM PEKARSKE		Date of Receipt MM / DD / YYYY 03 / 01 / 2010		
	Mailing Address 1281 E. CALLE DE LA CABRA		Transaction ID: SA11AI.84097		
	City TUCSON	State AZ	Zip Code 85718	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH PETERS		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address P.O. BOX 8305		Transaction ID: SA11AI.84495		
	City GADSDEN	State AL	Zip Code 35999	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER PRATER		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 8175 CINDY CIR		Transaction ID: SA11AI.84568		
	City MARTINSVILLE	State IN	Zip Code 46151	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PIONEER ANES CONSUL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1083.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) PETER QALEY		Date of Receipt MM / DD / YYYY 03 / 13 / 2010		
	Mailing Address 5739 WILSHIRE DR.		Transaction ID: SA11AI.84593		
	City MADISON	State WI	Zip Code 53711	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MADISON ANESTHESIOLOGY CO-NSULTANTS	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) NED RADICH		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 1443 E. STARPASS DR.		Transaction ID: SA11AI.84555		
	City FRESNO	State CA	Zip Code 93720	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES CONSUL FRESNO	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER RAKE		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 1323 11TH ST # 10		Transaction ID: SA11AI.84504		
	City SANTA MONICA	State CA	Zip Code 90401	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN RASK		Date of Receipt
	Mailing Address 756 FAIRWAY RD., NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2010
	City	State	Zip Code
	ALBUQUERQUE	NM	87107
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84756
Name of Employer UNIV OF NEW MEXICO SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH RAYBURN		Date of Receipt
	Mailing Address 206 ENGLISH LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 12 / 2010
	City	State	Zip Code
	RAINBOW CITY	AL	35906
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84491
Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) LISA REINKE		Date of Receipt
	Mailing Address 4847 TRIPLE CROWN CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 09 / 2010
	City	State	Zip Code
	MIDDLETON	WI	53562
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84271
Name of Employer MADISON ANESTHESIOLOGY CO-CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) BRUCE REITMAN		Date of Receipt MM / DD / YYYY 03 / 10 / 2010		
	Mailing Address 1171 S BROMLEY CT		<b>Transaction ID:</b> SA11AI.84284		
	City ANAHEIM	State CA	Zip Code 92808	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer SELF		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) LINDA RICE		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 1139 42ND AVE N		<b>Transaction ID:</b> SA11AI.84397		
	City SAINT PETERSBURG	State FL	Zip Code 33703	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer ALL CHILDREN'S HOSPITAL		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY RICHARDS		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 2802 DRYWOOD CREEK DR		<b>Transaction ID:</b> SA11AI.84407		
	City LEAGUE CITY	State TX	Zip Code 77573	Amount of Each Receipt this Period 249.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 249.00		
Name of Employer UNIVERSITY OF TEXAS MEDICAL BRANCH		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) KEVIN ROBERTS	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 240 WALNUT LN.	<b>Transaction ID:</b> SA11AI.84178
	City State Zip Code SLINGERLANDS NY 12159	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ALBANY MEDICAL CENTER HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WESLEY ROBINSON	Date of Receipt MM / DD / YYYY 03 / 07 / 2010
	Mailing Address 8226 FAIRVIEW RD.	<b>Transaction ID:</b> SA11AI.84254
	City State Zip Code CHARLOTTE NC 28226	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 21050 POINT PLACE #305 ATLANTIC 3 AT THE POINT	<b>Transaction ID:</b> SA11AI.84187
	City State Zip Code AVENTURA FL 33180	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SHERIDAN HEALTHCARE INC Occupation MEDICAL DIRECTOR OF THE SURGERY CENTER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1166.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
	Mailing Address 6005 RIVER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NORFOLK	VA	23505
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84473
Name of Employer ATLANTIC ANESTHESIA INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) PHILIP ROJAS		Date of Receipt
	Mailing Address 1755 KIRBY PKY, SUITE #330		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MEMPHIS	TN	38120
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84279
Name of Employer MEDICAL ANESTHESIA GROUP		Occupation STAFF ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JONATHAN ROTH		Date of Receipt
	Mailing Address 540 MARTIN LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DRESHER	PA	19025
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84721
Name of Employer ALBERT EINSTEIN MEDICAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt
	Mailing Address 2420 FREEMAN MANOR DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2010
	City	State	Zip Code
	JONES	OK	73049
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84150
Name of Employer OKLAHOMA ANESTHESIA CONSULTANTS		Occupation MEDICAL DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) STEPHEN RUBIN		Date of Receipt
	Mailing Address 4997 OAKHURST LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 23 / 2010
	City	State	Zip Code
	FRISCO	TX	75034
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84693
Name of Employer PINNACLE ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT SATTOVIA		Date of Receipt
	Mailing Address 4102 NEWBURY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2010
	City	State	Zip Code
	SPRINGFIELD	IL	62711
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84716
Name of Employer ASSOCIATED ANESTH.OF SPRINGFIELD		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>833.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) BRADLEY SCHANTZ	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 10640 S. VINEWOOD RD., 92	<b>Transaction ID:</b> SA11AI.84587
	City State Zip Code ROANOKE IN 46783	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREG SCHROEDER	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 3280 LAKE SHORE DR.	<b>Transaction ID:</b> SA11AI.84241
	City State Zip Code ORLANDO FL 32803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JLR MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GREG SCHROEDER	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 800 E 21ST ST	<b>Transaction ID:</b> SA11AI.84243
	City State Zip Code SIOUX FALLS SD 57105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGY ASSOCIATES, INC. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN SCHWALBE	Date of Receipt
	Mailing Address 7901 BROADWAY # E2-69 ANESTHESIA DEPARTMENT	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2010
	City State Zip Code ELMHURST NY 11373	<b>Transaction ID:</b> SA11AI.84583
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation ELMHURST HOSPITAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK SHULKOSKY	Date of Receipt
	Mailing Address 741 MAURUS STREET	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 21 / 2010
	City State Zip Code SAINT MARYS PA 15857	<b>Transaction ID:</b> SA11AI.84676
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation ELK REGIONAL PROFESSIONAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL SIMON	Date of Receipt
	Mailing Address 35 GELLATLY DR.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2010
	City State Zip Code WAPPINGERS FALLS NY 12590	<b>Transaction ID:</b> SA11AI.84153
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 83.00
	Name of Employer Occupation NAPA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 833.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) PHILIP SISSONS		Date of Receipt
	Mailing Address P.O. BOX 8305		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	GADSDEN	AL	35902
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84479
Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) COURTNEY SKABELUND		Date of Receipt
	Mailing Address 1643 MOUNT LOGAN DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LOGAN	UT	84321
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84476
Name of Employer INTERWEST ANES. ASSOC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ALEXEY SLUCKY		Date of Receipt
	Mailing Address 333 W. HAMPDEN AVE., SUITE 600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ENGLEWOOD	CO	80110
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84154
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, PC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 249.00	<input type="text"/> 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 833.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) BLAIR SMITH		Date of Receipt	
	Mailing Address 1046 LAKE COLONY LN.		M M / D D / Y Y Y Y 03 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84152
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer UNIVERSITY OF ALABAMA HSF		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM SMITH		Date of Receipt	
	Mailing Address 1212 CALLE LAGO DR		M M / D D / Y Y Y Y 03 / 28 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84834
	EL PASO	TX	79912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ANESTHESIA CONSULTANTS AS-SOC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS SOBOLEWSKI		Date of Receipt	
	Mailing Address 5828 GOLD DUST DRIVE		M M / D D / Y Y Y Y 03 / 29 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84843
	CINCINNATI	OH	45247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer PHYSICIANS ANESTHESIA SERVICE, INC.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1083.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD SOMMER		Date of Receipt	
	Mailing Address 20 ISABELLA PL.		M M / D D / Y Y Y Y 03 / 26 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84817
	GLEN ROCK	NJ	07452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer NYU SCHOOL OF MEDICINE		Occupation ANESTHESIOLOGIST, PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) GEORGE SPESSOT		Date of Receipt	
	Mailing Address 71 JUDSON PLACE		M M / D D / Y Y Y Y 03 / 31 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84867
	ROCKVILLE CENTRE	NY	11571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer ANESTHESIOLOGY ASSOCIATES OF MANHATTAN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) TODD STINE		Date of Receipt	
	Mailing Address 1626 LOOKOUT LANDING CIR		M M / D D / Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84285
	WINTER PARK	FL	32789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 89  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) CRISTINA STOICA		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 1640 OAK AVENUE		<b>Transaction ID:</b> SA11AI.84559
City BOULDER	State CO	Zip Code 80304
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer BOULDER VALLEY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) MATTHEW STONER		Date of Receipt MM / DD / YYYY 03 / 15 / 2010
Mailing Address 3098 GETTY WAY #104		<b>Transaction ID:</b> SA11AI.84618
City ORLANDO	State FL	Zip Code 32835
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) BARRY MICHAEL STOWE		Date of Receipt MM / DD / YYYY 03 / 11 / 2010
Mailing Address 2101 DARTMOUTH PL		<b>Transaction ID:</b> SA11AI.84313
City CHARLOTTE	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MAYA SURESH		Date of Receipt	
	Mailing Address 1709 DRYDEN RD STE 1700		M M / D D / Y Y Y Y Y 03 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84128
	HOUSTON	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer BAYLOR COLLEGE OF MEDICINE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT SWITZER		Date of Receipt	
	Mailing Address 26 FARM HILL RD.		M M / D D / Y Y Y Y Y 03 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84171
	WEST HARTFORD	CT	06107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer MILFORD ANESTHESIA, PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MARTHA SZABO		Date of Receipt	
	Mailing Address 18 WIVELISCOMBE		M M / D D / Y Y Y Y Y 03 / 12 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84329
	NEW ALBANY	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer OSUMC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	666.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARGARET TARPEY

Mailing Address WEST 1358 BIOMEDICAL SCIENCES TOW  
200 LOTHROP ST.

City PITTSBURGH State PA Zip Code 15261

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF PITTSBURGH Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: SA11AI.84236  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
ABDULLAH TERKAWI

Mailing Address

City RIYADH State ZZ Zip Code 96654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation ANESTHESIA RESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2010  
Transaction ID: SA11AI.84871  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MACK THOMAS

Mailing Address 244 BEVERLY DR.

City METAIRIE State LA Zip Code 70001

FEC ID number of contributing federal political committee. **C**

Name of Employer OCHSNER HEALTH SYSTEMS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: SA11AI.84240  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT TIMONEN

Mailing Address 701 7TH AVE. S.

City EDMONDS State WA Zip Code 98020

FEC ID number of contributing federal political committee. **C**

Name of Employer PREMIER ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 14 / 2010  
Transaction ID: SA11AI.84610  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS TOMASELLI

Mailing Address 121 NORWOOD AVE.

City NORTHPORT State NY Zip Code 11768

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-GROUP Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 07 / 2010  
Transaction ID: SA11AI.84252  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
ANDREW TROBRIDGE

Mailing Address 13909 WATERWAY BLVD.

City FORTVILLE State IN Zip Code 46040

FEC ID number of contributing federal political committee. **C**

Name of Employer INTERVENTIONAL PAIN CARE Occupation PAIN PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 03 / 01 / 2010  
Transaction ID: SA11AI.84162  
Amount of Each Receipt this Period: 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **583.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS		Date of Receipt
	Mailing Address 427 HEIGHTS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2010
	City	State	Zip Code
	GIBSONIA	PA	15044
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84143
Name of Employer WESTERN PENNSYLVANIA HOSPITAL DEPARTMENT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) GLENN TURCO		Date of Receipt
	Mailing Address 2240 VINCENT DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 09 / 2010
	City	State	Zip Code
	BROOKFIELD	WI	53045
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84277
Name of Employer SELF		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID VARLOTTA		Date of Receipt
	Mailing Address 1303 BAYSHORE BLVD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2010
	City	State	Zip Code
	TAMPA	FL	33606
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.84151
Name of Employer UNICOM ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 666.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
J. VERLANDER

Mailing Address 2699 LEE RD STE 510

City State Zip Code  
WINTER PARK FL 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

Transaction ID: SA11AI.84229

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
HECTOR VILA

Mailing Address 4304 W AZEELE ST

City State Zip Code  
TAMPA FL 33609

FEC ID number of contributing federal political committee. **C**

Name of Employer HV PA  
Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.84156

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT VOLLER

Mailing Address 369 MOTLEY RD.

City State Zip Code  
COLUMBUS MS 39701

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTH PARTNERS  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.84525

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **833.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 69 / 89	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS		Date of Receipt	
	Mailing Address 1 CHILDRENS WAY SLOT 203, S-319		M M / D D / Y Y Y Y Y 03 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84139
	LITTLE ROCK	AR	72202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI		Occupation PROFESSOR OF ANESTHESIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) J. WAGNER		Date of Receipt	
	Mailing Address 6634 KLEIN ST. NW		M M / D D / Y Y Y Y Y 03 / 11 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84302
	OLYMPIA	WA	98502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer OLYMPIA ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) LANCE WAGNER		Date of Receipt	
	Mailing Address 150 55TH ST		M M / D D / Y Y Y Y Y 03 / 12 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84534
	BROOKLYN	NY	11220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer UPB/SUNY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 / 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) BRIAN WALLACE		Date of Receipt	
	Mailing Address 8100 CAMBRIDGE #134		M M / D D / Y Y Y Y 03 / 11 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84318
	HOUSTON	TX	77054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer UT MEDICAL SYSTEM FOUNDATION		Occupation RESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) BARBARA WATANABE		Date of Receipt	
	Mailing Address 141 S 293RD PL		M M / D D / Y Y Y Y 03 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84750
	FEDERAL WAY	WA	98003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer SOUND ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) BRENNAN WATKINS		Date of Receipt	
	Mailing Address 1850 N CENTRAL AVE STE 1600		M M / D D / Y Y Y Y 03 / 08 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84263
	PHOENIX	AZ	85004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPH WEBSTER	Date of Receipt MM / DD / YYYY 03 / 14 / 2010
	Mailing Address 5834 N DELAWARE ST	<b>Transaction ID:</b> SA11AI.84615
	City State Zip Code INDIANAPOLIS IN 46220	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHSIDE ANESTHESIA SERVICES, LLC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH WEBSTER	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 5834 N DELAWARE ST	<b>Transaction ID:</b> SA11AI.84621
	City State Zip Code INDIANAPOLIS IN 46220	Amount of Each Receipt this Period -500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CONTRIB REFUND Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ -500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ALAN WEISS	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 960 ROYAL ARMS DR.	<b>Transaction ID:</b> SA11AI.84149
	City State Zip Code GIRARD OH 44420	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BEL-PARK ANES. ASSOC. INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	83.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY WHITAKER

Mailing Address 5400 SUNCREST DR STE B3

City EL PASO State TX Zip Code 79912

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES CONSUL ASSOC Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: SA11AI.84758  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
COURTNEY WILLIAMS

Mailing Address 300 LAGO VISTA ST

City KEMAH State TX Zip Code 77565

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIV OF TEXAS MED Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2010  
Transaction ID: SA11AI.84403  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
NATHAN WILLIAMS

Mailing Address PO BOX 5050

City SILVER CITY State NM Zip Code 88062

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: SA11AI.84765  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID WILLIAMSON		Date of Receipt
	Mailing Address 318 WILSHIRE PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2010
	City	State	Zip Code
	CORPUS CHRISTI	TX	78411
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84759
Name of Employer GULF SHORE ANES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID WLODY		Date of Receipt
	Mailing Address 339 HICKS ST. ANES. DEPT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 28 / 2010
	City	State	Zip Code
	BROOKLYN	NY	11201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84825
Name of Employer LONG ISLAND COLLEGE HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) KRISTIN WOODWARD		Date of Receipt
	Mailing Address 4975 E. PRESERVE COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2010
	City	State	Zip Code
	GREENWOOD VILLAGE	CO	80121
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.84718
Name of Employer SO DENVER ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) JASON WORKMAN	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 7575 W WASHINGTON AVE STE 127-374	<b>Transaction ID:</b> SA11AI.84201
	City State Zip Code LAS VEGAS NV 89128	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ADRIN YEE	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 2336 LAKELINE DR	<b>Transaction ID:</b> SA11AI.84216
	City State Zip Code SALT LAKE CITY UT 84109	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PIONEER ANESTHESIA GROUP.-, INC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN YEE	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 10800 E CACTUS RD UNIT 58	<b>Transaction ID:</b> SA11AI.84570
	City State Zip Code SCOTTSDALE AZ 85259	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer VALLEY ANESTH CONSULT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) LAWRENCE YOUNG	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1717 VALLEY FORGE DR.	<b>Transaction ID:</b> SA11AI.84184
	City State Zip Code HIXSON TN 37343	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGISTS ASSOCIATED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL ZELENKOV	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 6303 E STANFORD AVE	<b>Transaction ID:</b> SA11AI.84806
	City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SOUTH DENVER ANES. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JONATHAN ZUCKER	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1612 SAINT GREGORY DRIVE	<b>Transaction ID:</b> SA11AI.84127
	City State Zip Code LAS VEGAS NV 89117	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>708.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 76 / 89	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ANDREW ZURA		Date of Receipt	
	Mailing Address 8185 THACKERAY CT		M M / D D / Y Y Y Y 03 / 23 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.84691
	BROADVIEW HEIGHTS	OH	44147	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer CLEVELAND CLINIC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	66767.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 499 S CAPITOL ST SW #422</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84924</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AMERIPAC</p> <p>Mailing Address 499 S CAPITOL ST SW</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84879</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address PO BOX 8508</p> <p>City UTICA State NY Zip Code 13505</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84903</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) BERA FOR CONGRESS</p> <p>Mailing Address PO BOX 582496</p> <p>City ELK GROVE State CA Zip Code 95758</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84901</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS</p> <p>Mailing Address 610 S BOULEVARD</p> <p>City TAMPA State FL Zip Code 33606</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84930</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BLEDSOE FOR CONGRESS</p> <p>Mailing Address 709 SKY MOUNTAIN DR</p> <p>City ROGERS State AR Zip Code 72756</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84920</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BRIGHT FOR CONGRESS</b></p> <p>Mailing Address PO BOX 2106</p> <p>City MONTGOMERY State AL Zip Code 36102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84883</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>BUCSHON FOR CONGRESS</b></p> <p>Mailing Address PO BOX 250</p> <p>City NEWBURGH State IN Zip Code 47629</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84932</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>COMM TO ELECT CHRIS MURPHY</b></p> <p>Mailing Address P.O. BOX 127</p> <p>City CHESHIRE State CT Zip Code 06410</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84913</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) COMM TO ELECT CHRIS MURPHY	Transaction ID: SB23.84916
	Mailing Address P.O. BOX 127	Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	City CHESHIRE State CT Zip Code 06410	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.84914
	Mailing Address 2501 WISCONSIN AVE NW #304	Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS	Transaction ID: SB23.84928
	Mailing Address PO BOX 960821	Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	City RIVERDALE State GA Zip Code 30296	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DEMOCRATS WIN SEATS PAC	Transaction ID: SB23.84886 Date of Disbursement 03 / 04 / 2010
	Mailing Address 1071 TWIN BRANCH LN	Amount of Each Disbursement this Period 1500.00
	City WESTON State FL Zip Code 33326	
	Purpose of Disbursement 2010 CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN	Transaction ID: SB23.84907 Date of Disbursement 03 / 04 / 2010
	Mailing Address PO BOX 5197	Amount of Each Disbursement this Period 1000.00
	City ST CROIX State VI Zip Code 00823	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: VI District:	

C.	Full Name (Last, First, Middle Initial) DUTCH PAC	Transaction ID: SB23.84905 Date of Disbursement 03 / 04 / 2010
	Mailing Address 499 S CAPITOL ST SW #404	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement 2010 CONTRIBUTION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS <hr/> Mailing Address PO BOX 7310 <hr/> City LAKELAND State FL Zip Code 33807 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 12	Transaction ID: SB23.84927 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0	
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	
	Full Name (Last, First, Middle Initial) FRIENDS OF JASON CHAFFETZ <hr/> Mailing Address 315 WESTFIELD CIR <hr/> City ALPINE State UT Zip Code 84004 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 03	Transaction ID: SB23.84917 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
<b>C.</b> Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS <hr/> Mailing Address 721 S BREA CANYON RD #7 <hr/> City DIAMOND BAR State CA Zip Code 91789 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 42	Transaction ID: SB23.84884 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0	
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: SB23.84885
	Mailing Address PO BOX 2916	Date of Disbursement 03 / 04 / 2010
	City HUNTSVILLE State AL Zip Code 35804	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS CMTE	Transaction ID: SB23.84889
	Mailing Address PO BOX 87	Date of Disbursement 03 / 04 / 2010
	City UWCHLAND State PA Zip Code 19480	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS CMTE	Transaction ID: SB23.84891
	Mailing Address PO BOX 87	Date of Disbursement 03 / 04 / 2010
	City UWCHLAND State PA Zip Code 19480	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3500.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) JO BONNER FOR CONGRESS CMTE</p> <p>Mailing Address PO BOX 851232</p> <p>City MOBILE State AL Zip Code 36685</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84894</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JORDAN FOR CONGRESS</p> <p>Mailing Address PO BOX 860580</p> <p>City SHAWNEE MISSION State KS Zip Code 66226</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84923</p> <p>Date of Disbursement MM / DD / YYYY 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS CMTE</p> <p>Mailing Address PO BOX 360</p> <p>City PRESCOTT State AR Zip Code 71857</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84893</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) MISSOURI DEMOCRATIC STATE CMTE</p> <p>Mailing Address PO BOX 719</p> <p>City JEFFERSON CITY State MO Zip Code 65102</p> <p>Purpose of Disbursement 2010 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84911 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2010.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 16381</p> <p>City SUGAR LAND State TX Zip Code 77496</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84897 <b>Date of Disbursement</b> 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.84882 <b>Date of Disbursement</b> 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5510.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) POE FOR CONGRESS	Transaction ID: SB23.84899 Date of Disbursement																			
	Mailing Address P.O. BOX 14222	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
	City HUMBLE State TX Zip Code 77347	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMM	Transaction ID: SB23.84915 Date of Disbursement																			
	Mailing Address 76 MAGNOLIA TERR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	0												
	City SPRINGFIELD State MA Zip Code 01108	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS	Transaction ID: SB23.84900 Date of Disbursement																			
	Mailing Address P.O. BOX 782	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
	City PENNINGTON State NJ Zip Code 08534	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS <hr/> Mailing Address 209 PENNSYLVANIA AVE SE #229D <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.84922 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS <hr/> Mailing Address 81 S 5TH STREET <hr/> City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.84881 Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS <hr/> Mailing Address 2501 WISCONSIN AVE #304 <hr/> City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.84918 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
TODD AKIN FOR CONGRESS

Mailing Address P.O. BOX 31222

City ST LOUIS State MO Zip Code 63131

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MO District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.84926

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

61510.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO	Transaction ID: SB29.84934 Date of Disbursement 03 / 31 / 2010
	Mailing Address 50 S LASALLE	Amount of Each Disbursement this Period 1801.31
	City CHICAGO State IL Zip Code 60675	
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SUSAN CURLING CAMPAIGN FOR HD 127	Transaction ID: SB29.84910 Date of Disbursement 03 / 10 / 2010
	Mailing Address 8234 MAGNOLIA GLEN DR	Amount of Each Disbursement this Period 5000.00
	City HUMBLE State TX Zip Code 77346	
	Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

6801.31

TOTAL This Period (last page this line number only) .....

6801.31